

Complete Form, Print, and Fax to: (209) 937-8892 or Mail to:

Police Youth Activities League
Stockton Police Department
22 E. Market Street, Stockton, CA 95202

STOCKTON POLICE YOUTH ACTIVITIES APPLICATION

(Please Print or Type)

APPLICANT'S NAME:

Last First Middle

ADDRESS:

Street City Zip Code

DATE OF BIRTH:

Month Day Year Age

PHONE:

Home

CALIFORNIA DRIVER LICENSE OR IDENTIFICATION CARD:

Number

SOCIAL SECURITY CARD:

Number

SCHOOL:

Name Grade

EMPLOYER:

Name Address Phone

EMERGENCY CONTACT PERSON:

Name Address Phone

Relationship

REFERENCES:

Name Address Phone

Name Address Phone

HAVE YOU EVER BEEN CONTACTED BY A LAW ENFORCEMENT AGENCY BEFORE? (If yes, explain)

PERMISSION TO CONDUCT A BACKGROUND INVESTIGATION

As an applicant for the Stockton Police Youth Activities, I hereby authorize the Stockton Police Department to conduct a criminal history background investigation, including convictions, pending charges, and outstanding warrants. I understand that all available police and criminal records will be checked and the information will be used in determining eligibility for the Stockton Police Youth Activities. All information is to remain confidential as required by state and federal statutes.

Signature of Applicant

Date

Signature of Parent or Guardian (if under 18 years old)

Date

PROGRAM:

(Junior Cadets, Boxing, Junior Giants, Track, Junior Police Academy or Other (Specify))

POSITION:

(Junior Cadet, Athlete, Coach, Volunteer, Board Member, Instructor or Other (Specify))